

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

A. Ms. Mary Helen Tieken

Mailing Address 1815 10th

City
Floresville

State
TX

Zip Code
78114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nurses In Touch, Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2015

Transaction ID : SA11AI.8218

Amount of Each Receipt this Period

104.50

Contribution

Full Name (Last, First, Middle Initial)

B. Sunday Uzuh

Mailing Address 2100 Casa Linda Cv

City
Round Rock

State
TX

Zip Code
78681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rosy Health Care Services, Inc

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA11AI.8236

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

354.50

1953.55